L20000391005

(Req	uestor's Name)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: <u>NOVAGA</u>		ited Liability Company	
	A 1 2 10 (2)	and confer	
The enclosed Articles of	Amendment and fee(s) are sub	mined for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CARLOS A ARIAS III		
		Name of Person	
	NOVAGANG LLC		
		Firm/Company	
	720 S 16TH ST		
•		Address	
	HAINES CITY		
		City/State and Zip Code	
	allmxther@constellarcartel	.com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co		
Carlos Arias		at (407) 9148045	
	of Person		e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration 5		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVAGANG LLC	and the same of th
(Name of the Limited Liability Company as i (A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were	filed on 12/15/2021 and assigned
Florida document number L20000391005.	
- 1 1 1 1	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability c</u>	ompany here:
CONSTELLAR CARTEL LLC	
The new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addres	es on our records, enter the name of the new revistors
agent and/or the new registered office address here:	as on our records, enter the name or the new regimere
	₹
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
${C}$	ny Zip Code.
New Registered Agent's Signature, if changing Registered Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			UChange
			□ Add
			□Remove
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effective dat	e is listed, the date must be te inserted in this block	specific and cannot			days after tiling.) Pu	
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cord specifi i filed.	es a delayed effective d	ate, but not an effe	ective time, at 12	:01 a.m. on the ear	tier of: (b) The 9	Ith day after the
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